Enclosure 3: *EMT Course – Minimum Required Equipment*

Note: The following is list of equipment for a class size of twelve (12) or less students, and is considered as one (1) set of equipment.

Class sizes above twelve (12) students must have more than one (1) set of equipment.

Example: Class size 13-24 = two(2) sets of equipment.

Class size 25-36 = three(3) sets of equipment, etc.

Number	Minimum	Item
on Hand	Number	
	Required	
	•	IKINS, AIRWAYS & AIRWAY TRAINERS
		,
	1	CPR Manikin – Adult (With feedback capabilities)
	1	CPR Manikins – Adult
	2	CPR Manikins – Infant
	2	Airway Trainer – Adult
	2	Airway Trainer – Infant
	1	Airway Trainer – LMA
	1	LMA (Laryngo-Mask Airway)
	1	Combitube Airway
	1	King Airway
	T	XYGEN EQUIPMENT / AJUNCTS
	1	Portable Oxygen Tank (400+ PSI)
	1	Oxygen Tank Regulator
	1	Oxygen Tank Wrench
	1	Nasal Cannula – Adult
	1	Non-Rebreather Face Mask – Adult
	1	Non-Rebreather Face Mask – Child
	2	Bag-Valve-Mask unit with Reservoir – Adult
	2	Bag-Valve-Mask unit with Reservoir – Infant
	1	Portable Suction Unit with Charger
	1	Suction Catheter
	1	OPA (Oral Airways) – Set of assorted sizes
		SPLINT MATERIALS
	1	Traction Splint
	2	36" Padded Board Splints or Equivalent
	2	15" Padded Board Splints or Equivalent
	1	Long Spine Board with straps

Number	Minimum	Item		
on Hand	Number			
	Required			
	1	Head Immobilization Device for Long Spine Board		
	1	Vest-Type (Half) Spine Immobilization Device		
	2	Cervical Spine Immobilization Collars (Rigid Type)		
	2	Blankets (Wash after each course)		
	1	Pillow		
	12	Triangular Bandages (Wash after each course)		
BANDAGE MATERIALS These are disposable supplies and should be replaced with each course				
	1	Aluminum Foil / Vaseline Gauze		
	12	Roller – Type Gauze		
	24	4 x 4 Dressings		
	12	5 x 9 or larger ABD (Abdominal) Pads		
		MISC. EQUIPMENT		
	1	A.E.D. Trainer (Automatic External Defibrillator)		
	1	Elevating Stretcher		
	1	Childbirth Kit		
	1	Blood Pressure Cuff		
	1	Teaching Stethoscope		
	2	Regular Stethoscopes		
	1	Torso Model –or- Set of Anatomy Charts		

Training Institution:
I verify that all the above equipment is present, clean and in working order.
Instructor Signature / Date:
EMT Program Coordinator Signature / Date: